

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18415

State File No. 24

Registrar's No. 24

FILED MAY 18 1943  
Registration District No. 272

Primary Registration District No. 3044

1. PLACE OF DEATH: Miller  
(a) County. ELDON  
(b) City or town. ELDON  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. none  
(Specify whether years, months or days) 38 yrs.

3. (a) PRINT FULL NAME TEMP - BIRDSONG  
(b) If veteran, name war none  
(c) Social Security No. none

4. Sex FEMALE  
5. Color or race White  
6. (a) Single, widowed, married, divorced, divorced  
(b) Name of husband or wife: Zee - WALKER  
(c) Age of husband or wife if alive, unknown years  
7. Birth date of deceased MARCH 20 1853  
(Month) (Day) (Year)

8. AGE: Years 90 Months 0 Days 16 If less than one day - hr. - min.

9. Birthplace COOPER - CO MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Home

12. Name Geo. BIRDSONG

13. Birthplace ? KY

14. Maiden name LILLY - BURNETT

15. Birthplace Camden - CO MO

16. (a) Informant Mrs. Jack Allen

(b) Address ELDON MO

17. (a) BURIAL (b) Date thereof 4-8-43

(c) Place: burial or cremation Eldon Cem

18. (a) Signature of funeral director Keith M. Faye

(b) Address Eldon MO

19. (a) 4-8-43 (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

(Date received local registrar) (Register's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County MILLER  
(c) City or town ELDON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 505 - Chestnut  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 6  
year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4/4/43, 19 to 4/6/43, 1943  
that I last saw her alive on 4/6/43, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

23. Signature M. C. Allen (M. D. or other)

Address Eldon MO Date signed 4/7/43

RECEIVED

Miller County Health Dep't.

County File Number 43-32-

Date Filed 5-8-43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*W. H. Mays*

Licensed Embalmer No. 3998

P. O. Address

*Eldon Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.